

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

16 — 2002

2. STATE:

FLORIDA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

10-1-02

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447, Subpart F

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ 42,052

b. FFY 2004 \$ 57,209

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.10b, page 20

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 3.10b, page 20

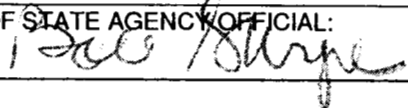
10. SUBJECT OF AMENDMENT:

Reimbursement - Individual Practitioner Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: will be provided
when received

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Mr. Bob Sharpe

14. TITLE:

Deputy Secretary for Medicaid

15. DATE SUBMITTED:

16. RETURN TO:

Mr. Bob Sharpe
Deputy Secretary for Medicaid
2727 Mahan Drive, Bldg. 3, MC #8
Tallahassee, FL 32308

Attn: Wendy Johnston

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

November 18, 2002

18. DATE APPROVED:

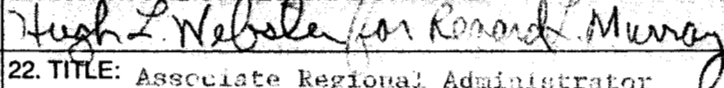
April 23, 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Renard Murray (R.A.)

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:

ATTACHMENT 4.19-B (Page 28)
METHODS USED IN ESTABLISHING PAYMENT RATES

INDIVIDUAL PRACTITIONERS SERVICES – (Doctors of Medicine, Chiropractic, Osteopathy, Dentistry, Optometry, and other individual Practitioners services) – Individual payments are based on a fee schedule or a fee schedule developed for provider specialty groups determined by the state agency. Physicians who perform services for neonates or high-risk obstetrical recipients in RPICC disproportionate share hospitals will be reimbursed payments based on the estimated average length of time and services required to treat an ill infant or high risk mother.

The agency will provide for supplemental payments for services provided by doctors of medicine and osteopathy employed by or under contract with either (1) a medical school that is part of the public university system (Florida State University, The University of Florida, and The University of South Florida); (2) a private medical school that places over fifty percent (50%) of their residents with a public hospital (The University of Miami); (3) Nova Southeastern University. The supplemental payments will be based on the difference between the lower of fifty-four and thirty-four one hundredths percent (54.34%) of the provider's usual and customary charges or fifty-four and thirty-four one hundredths percent (54.34%) of the charge ceiling established by the Agency and the actual payment by Medicaid to the physician or osteopathic physician under the current physician fee schedule. The supplemental payments will be made on a quarterly basis.

The percentage applied to providers' usual and customary charges or the charge ceiling shall be determined annually. This percentage shall represent the weighted average percentage of usual and customary charges paid by commercial payers weighted by the number of Medicaid allowable procedures for the physicians associated with the designated medical schools. The percentage shall be substantiated by data made available by each medical school or as determined by an independent entity that has sufficient data to determine geographically specific percentages. Geographically specific percentages may be used in determining the statewide percentage, but one statewide percentage shall be used for payment determinations.

Eff: 10-01-02
Approved: 04-23-04
FL-02-16